THE LANCET.

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SURGICAL LECTURES,

DELIVERED BY

MR. ABERNETHY.

Theatre, St. Bartholomew's Hospital.

LECTURE 18.

On Syphilis.

GENTLEMEN,

I SAID, at the conclusion of my last lecture, that I should this evening consider the effect of the application of a morbific animal poison to a susceptible surface. I shall speak therefore of

Chancre.

I shall give you the definition of chancre according to Mr. HUNTER, for it would be really almost a profanation to doubt the accuracy of that man's description. He was a very attentive observer, and therefore I say, that I think I cannot do better than give you his definition. He says, that a certain pimple takes place, or a speck of inflammation like what is called a pimple, and produces a sore; this sore seems of a circular form, not perhaps precisely circular, it may be a little oval; but generally circular, for a disease beginning in a point and spreading equally in all directions is likely to be circular. There is a thickening round the ulcer, which is the effect of the adhesive inflammation in the surrounding parts, so that it has a thickened base and edge; this is what he says: There is a thickening of the parts round the ulcer, forming what may be called the bowl of the ulcer. There are no granulations—no attempt at reparation; it is an ulcerative disease, and I know that such an ulcer used to go on from bad to worse, until mercury was employed for its counteraction. An ulcer of this kind is now so seldom met with, that many practitioners entertain a doubt, whether there ever was such a disease as Mr. HUNTER described. But he detailed a particular disease, and it would be absurd to suppose that he did so from fancy and not from reality. In truth, these ulcers have become very scarce to what they were in the early part of my practice, but as far as my trifling corroboration would go, it would go to support Mr. HUNTER's assertion, as to its formation and progress, and that it continues to increase unless counteracted by mercury. I have given a case in my book, which in all its circumstances precisely agreed with the description of the disease given by Mr. HUNTER. It was unchangeable in its character; it regularly and progressively got worse when no mercury was employed; but as soon as it was employed, the further increase of the disease appeared to be checked, but from the insensibility of his constitution it was difficult to excite its specific effect; he went on taking it month after month, rubbing in and taking blue pill, and the disease was at last removed when an adequate mercurial affection of the constitution had taken place.

The question is, whether there are any varieties of this kind of ulceration. But it is really not worth while to discuss this point, because we see so little of that kind of disease now; and all that can be said of any practical import, amounts to this: if you see such an ulcer progressively increasing, until mercury be used, you must use it, but not in such a way as to injure the patient's health.

The effects of Mercury, and the manner of using it.

Now, with regard to the use of mercury, it was well to note the disease which led to the use of mercury, so also it is right to inquire into the effects and modes of using it. Before Mr. HUNTER's time, it was thought that mercury acted chemically on the poison of syphilis circulating in the blood, and so operated as to destroy it; but he considered it as an antidote to the poison in a different way; he says, a disease may excite one state of action in parts of the body, or of the whole system, and mercury may excite an opposite kind of action, and that the two kinds of action cannot exist at the same time. He explained what he meant in this assertion by a reference to small pox, measles, and other specific diseases. Now I think Mr. HUNTER was perfectly right in supposing that mercury did not act chemically, because a little mercury will change the action of a chancre in one person, whilst a large quantity of mercury will not produce a beneficial action in another. But if it acted chemically, we might suppose that the action it would exert on the sore would be in proportion to the quantity of mercury employed. It is pretty clear that it is owing to the changes produced in the actions of the vascular system that the good effect of mercury is to be traced. But no metal in its reguline state will have any effect on the animal system; it is necessary that it should be oxydated, and the most simple form of metallic substances is that in which the oxygen is combined with the metal in the lowest degree, or such as is at present called a protoxyde. The attraction of adhesion, or affinity, as the chemists say, becomes weakened by trituration with some viscid or unctuous material; the metal combines with the oxygen of the air, and forms a greyish powder, which is called the oxyde; if the metal be rubbed down with hog's lard, it forms the blue ointment; and if rubbed down with conserve of roses, it forms the blue pill; the chemical state of the mercury in both preparations is the same, but a man would not like to bolt lumps of hog's lard. There is also the mercury ground down with chalk, and the same state of oxydation is produced. These are the most simple forms of mercury; but there are various other combinations of mercury, with different acids, which are very useful. There is the combination of it with chlorine, forming calomel, and so on; but as the preparations partake of a saline nature they become more irritating, such as the combinations with the nitric and muriatic acids, but those which I first mentioned are in most common use. Now the object in giving mercury in the syphilitic disease, is to mercurialize the system in the mildest possible form, not to irritate as a saline preparation might do; but I say to produce a mercurial action of the system in a mild way.

It is generally used either in the form of a blue pill or blue ointment, for they are, as regards the mercury, the same thing. In one way or other then the mercury gets into the system and produces a peculiar state of constitution; it increases the pulse; there is a greater excitement of the heart and arteries; after a time it increases the secretions, it affects the mouth, the gums get swollen and tender, there is a copperish taste in the mouth, and the flow of saliva is increased. They have been seeking for quicksilver in the secretions, but they have made no hand in finding it out, although I have no doubt but it is there. A watch gets tarnished in the pocket, and how could this happen unless there was some sensible change produced in the perspiration. Persons afterwards get very weak, languid, and thin, and therefore it is evident that it produces absorption. People get lean whilst using mercury; there is a kind of febrile excitement induced. Now this state of the system kept up a proper time was known to cure the chancres completely; granulations would shoot out and the cicatrizations of the wound take place. The disease used to be cured outright, and never returned. But we use mercury for other diseases, therefore it is well to know what state of the constitution is induced by the mercury. I should add to the account which I have just given, that there are some persons whose mouths you can never affect by mercury, and who yet have the mercurial diathesis of the system induced. Sur-

geons, without considering this circumstance, continue to push the use of the mercury until the general health is very much injured indeed, from their supposing that a salivation is necessary.

I recollect the case of a fine young man, who was a clerk in a merchant's counting house, he wrote beautifully, he was directed to take mercury for a sore on the prepuce, which was supposed to be syphilitic; the mercury did not affect the salivary glands as much as the surgeon wished and the mercury was pushed further, and so it was continued until he became very thin and languid; the muscular power was so much destroyed that he wrote like an old man; the muscles of his arm had become quite paralytic. I advised him to give up the mercury immediately, which he did, and soon recovered.

Sometimes it produces profuse perspiration, and occasionally it affects persons like lead does; it produces a metallic colic; there are gripes upon gripes in the bowels, attended with mucous and sometimes bloody discharges. This sort of metallic colic is relieved by opium. I know that I have seen many such cases occur whilst patients have been rubbing in for the cure of the pox, and I have said, you must give them small quantities of castor oil every day to clear out what mercury they have in their bowels, then give them some opium, and let them leave off mercury. When this has been done they have soon got well. I say, then, that in giving mercury, you should not stimulate by giving the saline preparations, but use the mildest, as the oxyd, and I consider that the ointment is the best form of getting mercury into the system, except the fumigation, which ought not, certainly, to be lost sight of. The mode of affecting the system with mercury by fumigation is rarely employed now, and when it is employed, it is done in a coarse and bad manner. LALONETTE, a physician in Paris, published a book on *mercurial fumigation*, in 1776. The method which he adopted to procure the powder for fumigation was operose and complicated. I consider, however, that it is a mode of procedure which has been too much neglected. I have succeeded effectually in procuring the effect of the mercury on the system through it, and of completely removing the syphilitic disease. The plan which I generally adopt is this: I place the patient in a vapour bath, in a complete suit of under garments, tuck a cloth round his chin, and let him remain in the machine about 15 or 20 minutes, and the whole surface of the body becomes covered with a whitish powder; he should then go to bed and lie in the same clothes till morning, and then go into a tepid bath. I used to say that it was the most gentlemanly way of curing the pox that I knew. The powder which I use for the fumigation is the calomel deprived of its acid, by being washed in water containing a small quantity of ammonia. A certain quantity of it is put on a heated iron and placed in the machine in which the patient is sitting. It is a very curious thing, that two drachms of this grey powder consumed in fumigation daily, is equal to the same quantity of blue ointment rubbed in every night. I have known patients salivated by the absorption of the mercury used in fumigation in forty-eight hours. It is a method which should be borne in mind.

MR. HUNTER was of opinion, and so was I, that the syphilitic poison might be modified by the diseased propensities of the constitution, so as to produce sores of divers characters. This supposition may be very reasonably doubted indeed; the most dissimilar sores were reputed venereal sores, and that the difference of appearance was according to the constitution of the patient so attacked. Now this was a very curious thing, and it was a notion which I had a helping hand to subvert. I was induced to consider this point whilst a young man, and I saw there was a great variety of sores that broke out on the genitals, a very great variety indeed, they resembled the old syphilitic chancre in some points, but differed essentially in others, and I will tell you some of the differences.

Sores resembling Chancres, which are not Chancres.

Sores often break out upon the genitals which very much resemble chancres; there is a form of ulcer be-

ginning with a sort of pimple too, and spreading about a little, it may throw forth exuberant granulations; but it is not so in the true syphilitic chancre, there is no growth of flesh, no reparatory action until the progress of the disease be put a stop to by mercury. There may be even a number of such sores break out on the prepuce, behind the corona glandis; but in the true syphilis there is not more than one sore, or two at most, but here is a crop, quite a lot of them. Then again, some of these sores will spread in the circumference, and get well in the centre. Some sores indurate, forming a sort of thickened base, like an areola, and yet have little disposition to ulcerate. Some sores spread *herpetically*, healing in one direction and breaking out in another, and spreading from one district to another. Now with regard to all herpetic sores, I affirm that they cannot be syphilitic; for if you meet with a sore healing in one direction and breaking out in another, what is the inference but that the morbid actions of the sore have exhausted themselves, or that the disease had worn itself out, as Mr. HUNTER used to say. Now, if no mercury be employed in herpetic sores, it is evident that they will sometimes get well, and if the sore were syphilitic it would not heal without mercury. It is clear then that herpetic sores cannot be syphilitic.

Some sores spread in such parts as have little life, as in the cellular substance beneath the skin, leaving the skin entire, and forming burrowing sores. Oh! hang it, they were horrible things to manage were these burrowing sores. I have known them spread beneath the integuments of the penis upwards, towards the abdomen, between the muscles, causing extensive suppurations, and doing great mischief. When I saw such sores extending towards the scrotum, I used to say to the patients, it is a lucky thing, for they must come to the bottom soon. It is not probable that such sores are syphilitic.

Some sores spread by sloughing; venereal sores will sometimes suddenly slough, but you must understand that I call such sores venereal as are the results of modifications of animal matter applied to susceptible surfaces by sexual intercourse; but by no means possessing the character of chancres as described by Mr. HUNTER, which I distinguish by the term syphilitic chancres. The old surgeons used to say that there was no occasion to employ mercury for a suddenly sloughing sore, and they attributed the absence of secondary symptoms to the chancre having been removed by the sloughing of the surrounding parts. Other sores slough from the edges, whilst others spread from the whole surface, and the sloughing may extend in particular directions. CELSUS has described eight species of sores as affecting the genitals of the Romans in his time. It is difficult to make out his description exactly, from the different terms which he uses; however, he has described some as *phagedæna*, ulcerating phagedænic sores; and he has described ulcers as *gangrenosa nigritiæ*, sores spreading by sloughing from their edges.

Many sores seem to break out on the genitals from a kind of irritation of the system, and break out in a kind of crop; they come out suddenly, and without taking any adequate quantity of mercury to remove them, they, from some change again taking place in the general health, suddenly disappear. They break out in succession, and sometimes after considerable intervals of time, which would render it improbable that they arose from infection of the ulcerated part, since such sores would probably continue. My attention was attracted to such sores when quite a youngker. Some medical men took it into their heads to consult me for such sores after they had been salivated for some time, and yet the sores did not heal. They are fretful sores without reparation, the edges of the sore are thickened, and the middle of the sore throws forth an exuberant fungus, and the granulations rise above the edges of the sore, but the edges remain diseased and retard their healing. These sores are slow in healing under any mode of treatment, and they generally get well in the same succession as they broke out. It matters not what applications you make to them in the first instance; the irritation subsides in the prepuce, to which they appear to be generally owing, and they heal.

You may touch them, after a time, with the argentum nitratum, and I know nothing better, but do not do so at first. You should see that cleanliness is observed; do not suffer any accumulation of the discharge to take place behind the glans, but bathe the parts frequently with a little tepid water; but it sometimes happens that you cannot retract the fore-skin, and then you must use a syringe, and inject some tepid water freely behind the glans, not with a little foolish syringe with which you cannot use any force, but one that would hold about two ounces, and force out all the accumulated morbid and irritating secretions. Do not stuff down pieces of lint, as I have often seen done, for what good can you expect from it? if you were to push lint round the healthy glans, and allow it to remain there, it would irritate and produce sores. Mechanical injuries done to sores, as must be done with the lint, are very likely to aggravate their irritation. Oh! hang it, these cases go on badly, because people are negligent of these particulars; they put things upon the sores which tease and irritate them, and make the bad worse. When I was speaking to you on the subject of ulcers, I said that you should allay the morbid irritability of the sores by the application of a stimulus, and induce a new and more vigorous action in them.

I have often seen patients having such sores about the prepuce and glans in this hospital, and I have said to them, go to bed, and, in the name of heaven, keep yourselves quiet; lie on your back, and support the parts by laying them on a little pillow, wash with a little tepid water, and so on.

The object of local treatment is to soothe and to cleanse, and afterwards apply a gently stimulating application; to such sores as you suppose will require the use of mercury internally, you may also apply it to the sore, and there is nothing so good as the *black wash*, it is made by mixing calomel and lime water together, (two drachms of calomel to a pint of lime water) and you have just that powder produced which LALONETTE recommended for the purposes of fumigation. You may dress the sore lightly with a bit of lint, dipped in the wash, and do not stick a boss of lint into the wound. I have said that you may touch the edges of the sore with argentum nitratum, but it does not destroy the nature of the sore, only the hardened state of the edges. And I know of no better treatment for sores with hardened edges, than that of touching them every two or three days with the argentum nitratum; it does not, I repeat, change the nature of the sore, but it counteracts the morbid conditions of the sore. So much then for the local treatment.

The use of Mercury.

Now, as to mercury, some people say I will not give mercury at all, and I will give sarsaparilla; but this is not what I should do. I believe that mercury, to a certain extent, will counteract the progress of the specific malady, and as some sores are doubtful, as you cannot exactly decide whether they are specific or not, I should advise you to give mercury. Tell them to take the blue pill, but take it mildly; If the sore be syphilitic, it will heal under the administration of mercury, and if it be not syphilitic it will do no harm, but frequently promote the healing of the sore. People come to me and say, Is this sore syphilitic? how shall it be treated? Why, I tell them to do this, if it be at all doubtful: Take five grains of the blue pill every night for about a week, and if you do not find the sore improving, take five grains also in the morning; continue it about a week after the mouth becomes affected, and if it be a syphilitic sore it will heal, and if not, the mercury, if you take care of yourself, will do you no harm. The patients are satisfied and so are you for, egad! if any thing like constitutional symptoms should appear, although they might not be of a syphilitic character, and that such a state may happen I shall afterwards show. Oh! they will be inclined to blame you very much, and say, ah! you see what a state I am in, if I had taken mercury, I should have been well. And their friends will say, ah! if you had gone to Mr. such-a-one he would have given you mercury, and you would have had nothing of this kind happen. Therefore I say, give a mild unirri-

tating mercurial course, and it will do no harm if it does no good.

The consequences of such sores.

They produce abscesses in the glands of the groin, by the absorption of the poison from the sores; at first the gland enlarges by a slow kind of inflammation, it becomes afterwards more active, and suppurates; an ulcer is formed, which any man who was not very sceptical would acknowledge to be very much like chancre. The ulcers which form after the abscesses have broken in the inguinal glands, are as various in their appearance as the primary sores. Now, Mr. HUNTER said, that where the glands in the groin are affected, that the sores produced by the ulceration should be dressed with blue ointment, but it appears to me too irritating, the black wash is the best application that I know. He recommended the ointment to be rubbed in on the inside of the thigh, that, as he said, the same vessels which had imbibed the poison might take up the antidote. And then Mr. HUNTER put in a very curious paragraph, in which he says, that he never saw a bubo suppurate where mercury had been in this way employed. Yet the contrary is the case; this is generally observed, but for my own part, I have seen that mercury rather hastens than retards suppuration in the inguinal glands. Whenever disease is induced in the absorbent glands, that disease will be aggravated by the state of the general health, and therefore you should principally attend to that. If a man consult a doctor when he has enlarged indolent glands, what does he say to him? Why, you had better go to the sea side, and what he means by that is, that he should get in better health.

Phagedænic Bubo.

When a gland in the groin has suppurated, it often happens, from the patient being out of health at the time and irritable, that the disease spreads, perhaps also by sloughing. Now it would be absurd to suppose that you could cure this by mercury, you must quiet the disturbed action in the part, and correct the state of the constitution. Common diseased actions are not curable by mercury, and this is the result of common inflammation in an irritable habit. Now the sores which I have described are local, and yet they produce constitutional symptoms. But if you give the patient mercury, then you are acquitted in his mind, although it might not have been absolutely necessary, and although the constitutional symptoms would have subsided without it, by regulating his general health. I have not time to-night to finish the subject, and I shall leave what I have to say further on buboes until the next evening.

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

LECTURE 15.

IN this lecture I shall speak of the

Treatment of Pneumonia and Pleuritis,

and shall consider that of Pericarditis under the subject of Rheumatism.

The treatment of these affections differs, in some respects, essentially from the treatment of bronchitis. In bronchitis the greatest care is generally necessary as to the copious abstraction of blood; so true is this remark, that many cases of bronchitis have proved fatal, where large quantities of blood have been rapidly drawn. The rule which I mentioned as deduced from my own practice, respecting bloodletting, is this: where the heat on the skin is high, and the pulse full and strong, or contracted and hard; and if the patient can cough out forcibly, you may abstract blood moderately, with advantage; on the contrary, where the pulse is not expanded and strong, but soft and compressible, where the heat is not high on the skin, and where the patient cannot cough forcibly out, too much caution cannot be observed in the abstraction of blood. In such

cases I should rather say, adopt those measures which act gently on the bowels and skin; in conjunction with rest in the recumbent posture, a regulated temperature, and a bland diet.

A patient has a quick pulse, some heat of skin, a troublesome stuffing cough, difficulty of breathing; in fact, he labours under an acute or sub-acute form of bronchitis. The medical attendant thinks these symptoms may be relieved at once by bloodletting; accordingly, he bleeds largely to-day, but finding the symptoms still unsubdued, he bleeds again to-morrow, and even, perhaps, the next day, with a like result, till at last the patient sinks and dies. The truth is, that inflammation of the mucous membrane of the bronchia has a determinate duration, and the man who tries to remove it, day after day, by repeated bleed-letting, attempts an impossibility, and always risks the patient's life.

Circumspection respecting bloodletting is more especially necessary when the tongue is glazed with a sticky varnish, dry and brown, for then copious evacuations are followed by more decided prostration, particularly if the pulse be soft and weak, and the heat low on the surface.

There is also a great difference in the pathology of bronchitis, and in that of pneumonia and pleuritis; in pneumonia the effusion, which is the result of the inflammation, takes place into the cellular connecting membrane of the lungs. In pleuritis the effusion takes place into one or both bags of the pleura, and compresses the lungs But in bronchitis there is an outlet for the effused mucus, and provided the quantity expectorated equals the quantity secreted, there is little danger, if the practitioner do not interfere too much with his prescriptions. But there is no such outlet in pneumonia and pleuritis.

In inflammation seated in the substance of the lungs, or pleura, there is considerable danger, especially when that inflammation is acute; for then it runs a rapid course, so that the life of the patient depends, in a great measure, on the promptitude with which the practitioner applies his remedies. If the inflammation, either in the lung or pleura, be acute, we must operate, not only promptly, but powerfully; we must do all that we have to do in a very short period of time, otherwise we shall be unsuccessful. I may mention a case which will show the danger of delay. The patient laboured under pneumonia and pleuritis. He was taken ill early in the morning; about 7 o'clock the symptoms were not remarkably urgent, he had a stitch in his side, a hot skin, a quick pulse, and a harsh, shrill metallic kind of cough, with some difficulty of breathing. The surgeon not being present, and having to attend a consultation at a distance, I ordered a certain quantity of blood to be drawn. Shortly after my leaving, they sent for the general practitioner who attended the family; he was, unfortunately, from home, and his assistant came, who happened to be a bungler, and did not bleed the patient effectually; instead of taking away the quantity of blood ordered, he abstracted about an ounce and a half, and endeavoured to conceal his want of skill by saying that the blood was so putrid that they must throw it away, lest it should taint the house. When I returned at noon I found the patient in the most imminent danger. He was purple, gasped for breath, had a struggling pulse, and a frequent cough, interrupted by catching. This may serve to show you the importance of seeing your orders carried into effect. Never trust any important operation to proxy; do it yourself, or see it done. It is not the quantity of blood lost, but the effect produced. This patient was a very robust man. His father-in-law, a retired practitioner, happened to be then in the house. I told him that the only chance was in immediate bloodletting, carried to syncope, regardless of the quantity. He said that he fully concurred with me in opinion. A large orifice was made at the bend of the arm. We took away basin after basin of blood. I asked the patient if the pain was removed; again and again he said no—and I perceived no relief in the state of the respiration. We continued to abstract blood till upwards of fifty ounces had flowed, when the patient lapsed into syncope. When he recovered, he had no difficulty of breathing, no pain, in short, the inflammation was removed. If we had stopped short at fifty ounces of blood, the patient would soon have died, for

then we should have weakened, indeed exhausted him, without having removed his disorder. Nearly at the same time I had an equally acute case of inflammation of the brain, in which syncope occurred before one ounce of blood had been drawn, and the cure was as effectual. These are two extreme cases, and you will generally find that an intermediate quantity of blood will suffice, varying, perhaps, from 10 to 30 ounces, before approaching syncope be induced. The rule for the repetition of the bloodletting, is a return of the pain and difficulty of breathing in the chest, attended by fever; and in acute cases, do not lose time in doubt and indecision. Act promptly and properly, as the occasion requires. The general result will be highly satisfactory to your feelings.

After large bleedings, there is very often a sort of *hæmorrhagic excitement or reaction*; the nervous system is much disturbed; the pulse becomes very rapid, and there is general distress. This condition is apt not only to renew the inflammation, but to sink the remaining strength. I have long been in the habit of exhibiting *opium* in such cases with great benefit. Give the patient after a very large bleeding, say 100 drops of the tincture of opium; enjoin the most perfect quiet in the apartment, and in the whole house. The first object is to procure sleep; but if the patient be worried by persons continually treading forward and backward in the room, by the light of a lamp, even by the ticking of a clock, or any similar cause, he is prevented from sleeping, and the design with which you give the opium is frustrated. The observance, therefore, of these things is necessary, if you wish to secure the beneficial effect of the opium, namely, a tranquil sleep, copious perspiration, and the prevention of the hæmorrhagic reaction. The largest quantity of blood which I have ever drawn at once, was in the case above detailed; but a friend once told me, that he had drawn considerably more before relief was obtained. In cases of this kind, be sure to lay the patient flat before the syncope actually occurs. Generally, however, syncope is produced before 30 ounces are drawn; and if the operation be followed by a full opiate, the necessity of its repetition will often be prevented. There was a case some time ago, in the Hospital, in which the last mentioned quantity, followed by an opiate, was sufficient; and in another case, 18 ounces were only necessary, being followed in like manner by a dose of opium.

It may be necessary, in some cases, to repeat the operation, and then you must be guided by the rules which I have already mentioned, always recollecting, that delay is to be avoided in every acute case. What advantage can be derived from waiting? You cannot expect, that waiting will remove the inflammation. Resolve to act promptly and decisively, and carry your resolution into effect, a first, a second, and even a third time if necessary, if the symptoms indicate a return of the inflammation. Do not imitate the practice of the French, who pursue an expectant treatment where an active one is required. If I have advised you to be cautious on some occasions, I urge you to be bold on others. Act as the circumstances demand.

You must give opium after each venesection, where you have abstracted a large quantity of blood; but you should combine small doses of calomel with the second and third doses of the opium, to prevent its locking up the secretions of the liver. If you adopt this decisive plan of treatment, you will generally succeed in removing inflammation of the lungs within twenty-four hours. Indeed, I can generally remove an inflammation in the first twelve hours, if it be of an acute kind, and seated either in the lungs, pleura, or abdomen; for I repeat the operation, in such cases, at the end of two or three hours, if the signs of inflammation return. Bleeding, it must be allowed, is a great evil; but the presence and increase of a vital inflammation are greater evils.

Some degree of fever may continue after you have removed the inflammation; the patient breathes easily; but the pulse is a little quicker, and the skin is a little hotter than natural, and moist. It is a state of simple fever merely, remaining after the inflammatory one has subsided; this state is best removed by gentle ape-

rients, rest, a spare diet, and by small doses of digitalis.

You will from this statement infer, that decisive blood-letting is necessary, both in acute and subacute affections of the lungs and pleura; but there are some *exceptions* to this practice. There is no general rule that can be laid down in the practice of physic, which has not some exceptions; and as you will have to prescribe now and then for individuals who come under these exceptions, it is necessary for you to become acquainted with them. Now it has appeared to me, that there are *four exceptions*.

The *first* exception is the occurrence of acute or subacute inflammation in the *lungs* of *old persons* of a flabby fibre. If you bleed them copiously and repeatedly, in the way which I have described, they generally die, partly from the effects of the blood-letting, and partly from the inflammation. An old woman had repeated attacks of inflammation of the lungs, and was of a very flabby fibre. She was again seized with an inflammation of her lungs; it began in the evening, but she did not take much notice of it, and did not send for any medical attendant till the next day. About noon she was seen by two physicians, who agreed to bleed her copiously; they bled her to approaching syncope, but she experienced from it no decided relief, and that is a circumstance worthy of consideration, for it is always an unfavourable sign. A few hours afterwards, she was again bled in the same manner as before. The second bleeding gave no relief whatever, and she sunk in a short time after its employment. An individual of the same age and habits was seized with inflammation of the lungs, and instead of prescribing such a large quantity of blood to be drawn, 6 ounces were drawn at the first bleeding, and repeated two or three times, which had a most excellent effect; it lessened the force of the attack gradually, and at last overcame it. If you tell such patients to draw in a breath, they do so very feebly; and if you desire them to expel the air from the lungs, they do so very feebly; they have a short cough, and a weak good-for-nothing pulse, with great prostration of strength.

The *second* exception which I should make to the practice of large blood-letting, is in what has been called *typhoid pneumonia*, which may always be distinguished by these marks:—The tongue is glazed, brownish, and is as dry as if it had been baked. The teeth are more or less covered or coated by dark sordes. The heat is not high on the surface of the body, and the pulse is soft and compressible. You must, in this case, be very careful about the abstraction of blood. I do not think that I have seen a patient recover who has been largely and repeatedly bled in this form of pneumonia. In the beginning however of these cases, sometimes the heat is high on the surface of the body, and the pulse is hard and contracted, or expanded and resisting, and then you may bleed moderately with great advantage. I recollect a case of this kind in which 10 ounces were taken; it was followed by a blister, mild aperients, and the patient recovered. About the same period, I saw another patient who had been copiously bled, and he died. There is a special bronchitis in all these cases, which so changes the constitution of the blood, as to be a powerfully modifying circumstance. Pray do remember this, for it is highly important.

The *third* exception to the use of copious bloodletting in the very onset of common pneumonia, occurs in those cases where the re-action not being developed, the skin remains cool, the respiration weak, and the pulse feeble. Two females in the Hospital were frightened by a thunder-storm, and were seized with inflammation of the lungs and pleura. In the one, the skin became much hotter than natural, and the pulse quick; and she bore copious bleeding remarkably well; but in the other it assumed a sort of *congesto-inflammatory* character, the skin being cool, the respiration oppressed, and the pulse even fluttering. The best plan in the latter cases, is first to restore the heat to the surface of the body, by applying the hot air bath, and giving a dose of opium; and when the excitement or reaction is established, then you may abstract a moderate or even large quantity of blood, if necessary.

The *fourth* exception is the occur-

rence of pleuritis in consumption. It often happens, that during the progress of the phthisis, the patient is seized with a stitch in his side, when his strength has been worn down by that dreadful malady. About 4 ounces of blood will, in such instances, generally succeed in removing the attack, especially if followed by an opiate and a blister.

Though bloodletting is the main remedy in the removal of inflammations of the lungs or pleura, and it must generally be copiously, and sometimes repeatedly used, yet I wish you to recollect that there are exceptions; for no man can practise with success in these affections, unless he takes into account the circumstances which modify their treatment.

Bloodletting then may be considered as the first remedy, and opium as the second, used in the way I have recommended, and when the tongue is moist. It does not answer in the typhoid pneumonia.

3. A third measure in the removal of inflammation of the pleura and lungs, is the use of *aperient* medicines. If you can get the patient's bowels open easily, you will lessen the fever very much. Great advantage is frequently derived by combining colchicum with the purgatives, say, for the first 24 hours, five grains every five or six hours, with salts and senna, preceded by a dose of calomel, rhubarb, and jalap. You should not, if possible, allow the patient to get out of bed, who has inflammation of the lungs or pleura; he should use a bed-pan, by way of preventing a chill of the surface. Weiss, in the Strand, has made a great improvement in the bed-pan, which saves the patient a great deal of fatigue. Some persons cannot pass their evacuations in a bed-pan, and then the temperature of the chamber ought not to be below 64° of Fahrenheit.

A fourth means to be employed is the use of diaphoretic medicines; and one of the best is Dr. SANGRADO'S—namely, warm water. Give the medicine always tepid, for if you chill the stomach, you almost instantaneously chill the surface. You will remember what I said with regard to perspiration in the treatment of bronchitis: perspiration produced by a high heat on the surface is very prejudicial; by a moderate one, beneficial. Attend to the quantity of the bed-clothes, also to the temperature of the room, while you give the patient bland tepid drinks. If these means fail in producing a diaphoresis, you may give minute doses of ipecacuanha, the liquor antimonii tartarizati, or the liquor ammoniæ acetatis. This last medicine should be prepared so as to perfectly neutralise the ammonia, which is not always the case if the College directions be followed, since the vinegar and ammonia often vary in some degree in their strength, to employ the popular word on a scientific subject.

The *fifth* means to be used for the removal of inflammation of the lungs and pleura, is the application of a blister. All the other measures which I have mentioned after bleeding and opium are secondary, and so is a blister, which should not be applied until you have lessened the force of the inflammation, by previous evacuations. The French and Italians apply blisters more remote than we do from the inflamed parts. I think there is more benefit from this practice than we are generally disposed to admit. In many cases, I think I have applied a blister to the side of the chest, opposite to that inflamed, with considerable benefit. This is a subject which requires more attention than has been bestowed upon it in this country. Where patients are much exhausted, and very irritable, blisters sometimes prove fatal by their consequent irritation. Avoid them altogether in such examples.

It is a very common practice in Italy and France, to exhibit large and repeated doses of sedatives, especially of digitalis, and more especially of tartarized antimony; but I cannot speak of the comparative merits or demerits of this treatment from my own observation; and I have heard such conflicting testimonies respecting it, that I have deemed it right to follow that in preference which my own experience has confirmed. We rather want precision in the application of old remedies, than the introduction of new ones, though doubtless some of the latter are valuable. On this point I would say to you,

"Be not the first by whom the new are tried,
Nor yet the last to lay the old aside."

These scraps of poetry I introduce into my Lectures for the benefit of those *ladies* who read THE LANCET, especially the maiden members of the Blue Stocking Club (A laugh).

But with respect to remedies generally, whether old or new, let me advise you to avoid extremes. Be not too sanguine on the one hand, nor too sceptical on the other. Leave your mind in that impartial state, that it may always be open to the reception of truth. You should, in the management of the affection which I have been speaking of, pay great attention to the diet and to the regulation of temperature, as a gentle and continued diaphoresis is highly beneficial.

Prognosis.

You must endeavour to prevent the opportunity of giving an unfavourable prognosis. If you are called early to cases of acute or sub-acute common inflammation, wherever that inflammation may be seated, you will be generally successful, provided you adopt right measures, and apply them skilfully. Were I to say what would most influence me in giving my prognosis, I should be inclined to point out the following as the leading circumstances:—1. The nature of the disorder; 2. The peculiarities of the patient; 3 The powers of the remedies employed; and, 4. The number of the doctors concerned. To begin with the last—Knowing what I do, were I a patient, I would be exceedingly cautious in choosing my medical attendant; but having once made my election, he should possess my utmost confidence, and I would rely upon his judgment for the necessity of a consultation, rather than upon the feelings of my friends. When we consider the difference of education between those brought up under the nosological system, and those under the pathological one, we cannot be surprised at the difference of opinion which should be created by introducing several men into consultations; and even if an agreement, which is scarcely to be expected, should exist as to the nature of the affection, the probability is, that a natural difference may still exist as to the treatment—one man preferring this, and another that particular remedy or plan. Courtesy, perhaps, prevails, and attempts the fatal reconciliation; for then one man surrenders something, and another does the same, till at last the truth is met half way among many, when it would have been wholly adopted by one or two men well grounded in modern pathology and practice. The anxiety to have large consultations arises from the mistaken principle, that there is safety in a multitude of counsellors; but the contrary is the fact in physic, the danger generally increasing with the number. Unity of opinion and unity of practice are necessary in all serious disorders, and these two things are seldom found where many medical men meet on the same case.

In the first place I shall say a few words on the progress of *inflammatory affections of the air passages*, and in the next, of those of the *lungs* and *pleura*.

With respect to *Cynanche Tonsillaris*, it is not an affection dangerous of itself, but it sometimes becomes so from the inflammation spreading downwards to the larynx. When this happens with ulceration about the tonsils, it is generally fatal. Where cynanche tonsillaris has been subdued, it leaves the parts very weak and susceptible of future attacks of inflammation. It is also a very worrying disorder, occasionally breaking up the strength, and bringing on phthisis. If a patient should have an attack of inflammation of the tonsils in a large town, and remain very weak afterwards, you should, if possible, send him into the country.

Prognosis of Cynanche Laryngea.

This is, perhaps, the most dangerous inflammation of the human body. It runs its course in the most rapid way, sometimes in seven or eight hours, and often in twenty-four or forty-eight hours. You must therefore be very guarded in your prognosis in cynanche laryngea, especially where the voice is nearly suppressed, where the patient cannot cough out, where the pulse grows quicker, and the breathing more laborious. Be very circumspect also about your prognosis

in *croup*, especially when combined with *bronchitis*. The prognosis is more unfavourable in infants in croup, and in old persons in bronchitis; infants cannot cough freely, and old persons sooner sink under its progress than those of middle age.

Bronchitis is most dangerous where the patient has little or no cough, or where the cough is so very weak that the quantity expectorated is less than that secreted.

As to your prognosis in *pneumonia* and *pleuritis*, you must be guided principally by the breathing, the heat of the skin, the pulse, and the countenance. If the breathing be laborious, and then becomes not only quicker but weaker, if the skin grow damp and cold, if the countenance becomes extremely anxious and the pulse gets feebler and more frequent, the prognosis is inauspicious. Delirium frequently occurs in bronchitis, but not in pneumonia and pleuritis; and it is more dangerous in the two latter affections than in the former, a fact of which I am quite certain, though I am unable to explain it satisfactorily.

REVIEW.

Elements of Medical Jurisprudence. By THEODRIC ROMEYN BECK, M.D. &c. &c. 8vo. New York; with Notes, and an Appendix, by WM. DUNLOP, Member of the Royal College of Surgeons, &c. 8vo. pp. 640. London, 1825. Anderson.

"PERHAPS," says Professor Vogel, "there is no science which requires so penetrating an intellect, so much talent and genius, so much force of mind, so much acuteness and memory, as the science of medicine." Whoever sits down to study physic with the expectation of becoming an *accomplished* physician, will probably discover that he has undertaken the greatest of all human labours—the most difficult of all earthly pursuits. Let him but reflect a moment on the languages to be learnt, the books to be read and studied, the various departments of philosophy and science to which his attention must be directed, before the study of the Hippocratic art can be advantageously commenced. Having laid the foundations of that edifice on which his future labours are destined to be expended, let him look around and behold the boundless field of inquiry to which his enterprizes must be directed, the infinite variety of materials which lie scattered before him, the "mists of error" which envelope the scene, and the delusive shapes of hypothesis and fancy, which, with "inviting attitude," surround his paths. Let him take a survey of the annals of physic and the records of surgery—of the human body, with whose most intimate recesses he must be familiar—the sad catalogue of its diseases—the remedies for their alleviation, and the inexplicable principles by which the wonderful machine is governed—the laws of "organic life" upon which vitality depends, and the operations of the mental faculties through which reason shines, and wit sparkles, and judgment elevates, which are vigorous in health, impaired by disease, and obliterated or removed by "the debt" which all must pay—But "multum adhuc restat operæ multum que restabit."—Alas! all these difficulties being surmounted, he will find his labours to be still in their infancy, much more than all remains. Having furnished his workshop, and inspected the instru-

ments by which his art is to be conducted, the most diligent attention and unwearied industry in the closet and at the bed-side, are still necessary to confer the requisite experience, before he can apply with due effect the various branches of his knowledge to the prevention, alleviation, or cure of the thousand "ills to which flesh is heir." But, with all or most of these requisites, how few are rewarded in proportion to their merits. "A physician in a great city," says Dr. Johnson,* "seems to be the mere plaything of fortune; his degree of reputation is, for the most part, totally casual; they that employ him know not his excellence; they that reject him know not his deficiency. By an acute observer, who had looked on the transactions of the medical world for half a century, a very curious book might be written on the "Fortune of Physicians." So true is this remark, and so thoroughly convinced do professional men appear to be of the want of discernment in the public, that the physician of enlarged views, of refined judgment, and extensive erudition, is now-a-days but seldom to be found. Most practitioners being desirous only to administer to the bad tastes of their patients, by pleasing them in their own way. This, in our day, at least, appears to be the "golden secret," and the success of a medical man is more often to be attributed to the lightness of his heels, than the excellence of his mind. He who trips it elegantly on "the light fantastic toe," and possesses the greater share of impudence and small talk, may be well suited to the ball-room, but ought never to be placed in competition with the physician whose accomplishments are more strictly scientific. As it is, quacks and quackery, and dancing physicians, and dancing bears, have all their supporters, and each pretty nearly an equal share of the public regard.

We have been led into the present digression by considering the multifarious sub-divisions to which medical literature has latterly been subjected, and the want of harmony thereby produced. It has been a matter of complaint, and justly too, that of late almost every part of the body has had a distinct artificer to repair its injuries. Thus we have oculists, and aurists, and dentists, and a host of other practitioners who have portioned out the surfaces, cavities, organs, and labyrinths of the human body, for the display of their talents and ingenuity. Nor can we doubt that in process of time the internal organs, or viscera, will likewise be made the "prey of the spoilers." Hence will arise gastric doctors, and hepatic doctors, and cerebral and pulmonary doctors, and as many other petty sovereigns as can find a niche in which to erect their thrones. There they will rule over their several principalities with despotic sway, each to maintain the superiority of his own dominions, and endeavouring to make the other provinces tributaries to his, by which means feuds will be engendered, sad practices and habits will arise, and the unhappy subjects of this state of tyranny and misrule will ultimately

* Life of Akenside.

pay the forfeit of their rulers' anarchy, by a premature dissolution.

The harmony of every part of the system is necessary to the welfare of "the stupendous whole," nor can any of the "members of the state" be molested or disturbed without infinite danger to the whole republic. The stability of a government will always be lessened by factions and increased by unanimity. In aristocracies there will be less honesty than in a republic, and less strength than in a monarchy.

We have premised these observations with a view to draw the reader's attention to the subjects of medical literature and practice. Let the *physician* be, which undoubtedly he ought, as we have described him, and let the *apothecary* tread humbly in his steps; but let not the *surgeon* see his fair provinces despoiled, his legitimate practice invaded, and his sphere of usefulness so materially diminished by *artificial* or *partial*, instead of *scientific* or *universal* practitioners. Let him rouse himself from his lethargy, and attend to this, and the public will soon cease to employ such artificers to mend their eyes or syringe their ears, by whose labours one organ is so often irretrievably lost, and the other seldom rendered very susceptible to the "concert of sweet sounds."

To return to the subject before us—Medical jurisprudence undoubtedly ought to form a part of every well-conducted medical education, and therefore should not, and cannot, be separable from medical literature in general—from medical science, considered as a whole—since this knowlege is necessary to all, since no practitioner can be perfect without its possession, we see no reason why it should be insulated from the systematic study of medicine, why it should be considered (as it certainly does sometimes appear to have been) as a labour of supererogation, a sort of appendix to medical studies, of which it undoubtedly forms an intimate part. To proceed—Medical jurisprudence, legal medicine, forensic medicine, medical police, or state medicine, are terms frequently used synonymously, although the two latter are perhaps the most comprehensive, since they are more general, and seem to include the policy of quarantines in the plague and other contagious fevers, as well the duties of states and empires in times of famine, or of raging epidemics, &c. But since a medical man is required to give his opinions in courts of justice, or before committees of health, or of general safety, from the aggregate stock of his information and experience, there is on this account every reason why this subject should not be considered as a separate branch of medical knowledge or policy.

The author of the work before us has, at present, restricted his observations and inquiries to medical jurisprudence,* which he defines to be

* Dr. Beck tells us, in his preface, that he has been for some time employed in collecting materials for a work on *Medical Police*, which is in a state of forwardness. We shall anxiously await the publication of the volume, which will conclude the subject, and will, we have no doubt, add much to our knowledge of contagions and epidemics.

"That science which applies the principles and practice of the different branches of medicine to the elucidation of doubtful questions in courts of justice."—Introduction, p. xxxiii.

The work is divided in 19 chapters, 1. Feigned diseases; 2. Disqualifying diseases; 3. Impotence and sterility; 4. Doubtful sex; 5. Rape; 6. Pregnancy; 7. Delivery; 8. Infanticide; 9. Legitimacy; 10. Presumption of survivorship; 11. Age and identity; 12. Mental alienation; 13. Persons found dead; 14. Wounds on the living body; 15. Poisons; 16. Mineral poisons; 17. Mineral poisons (continued); 18. Vegetable poisons; 19. Animal poisons; to which are added, some valuable notes, and an appendix by the editor, Mr. Dunlop.

Traces of medical jurisprudence may be discovered in very early times, reference to many of which may be found in the Introduction to the excellent work of Foderè;* and indeed there can be no doubt that in all ages men have been used, in some degree, to discriminate between natural death and that produced by poison, or other violent measures. Hence Shakespeare, with an accuracy of description deserving of notice, makes Warwick, say on Gloster's death:—

"I do believe, that violent hands were laid
Upon the life of this thrice-famed duke.
See, how the blood is settled in his face!
Oft have I seen a timely-parted ghost,
Of ashy semb'ance, meagre, pale, and bloodless,
Being all descended to the labouring heart—
Who, in the conflict which it holds with death,
Attracts the same for aidance 'gainst the enemy—
Which with the heart there cools, and ne'er returneth
To blush and beautify the cheek again.
But, see, his *face is black and full of blood;*
His eyeballs farther out than when he lived,
Staring full ghastly, like a strangled man," &c. &c.

2d Part of King Hen. VI.

and King Henry:—

"Enter his chamber, view his breathless corpse,
And *comment* then upon his *sudden* death."

So Juvenal, speaking of medicines to procure abortion—

"Tantum artes hujus, tantum medicamina possunt
Quæ sterites facit, atque homines in ventre necandos
Conducit———"

Sat. Lib. VI. v. 594.

and a multitude of other examples might be adduced. Thus, the bloody remains of Julius Cæsar, when exposed to public view, were examined by one Antistius, who declared, that out of 23 wounds which had been received but one was mortal, which had penetrated the thorax between the first and second ribs. The body of Germanicus was also examined, from which it was decided that he had been poisoned.*

* "Les lois eclairées par sciences physiques, ou traité de médecine legale, et d'hygiène publique," in which the author far surpassed, in the accuracy of his details and the extent of his inquiries, all other writers that had preceded him. A copious list of authors on the subject may be found in Ploucquet's Index in Dr. Young's Medical Literature, and in the present volume.

* Foderè.

Although in the earlier ages many of the laws were grounded upon the authorities of ancient physicians and physiologists, yet it does not appear that the *viva voce* examination of physicians, in courts of justice, was ordained till the reign of the Emperor Charles the Fifth of Germany, as our author has shown in his preface, and which is principally drawn from Foderè:—

"All the laws of the ancients, however, and all the facts drawn from their history, are to be considered as merely the first glimmerings of knowledge on this subject—and knowledge, too, founded on the imperfect diagnostics which medicine afforded at that early period. It was never ordained that physicians should be examined on any trial, until after the middle ages, and we are indebted to the emperor Charles the Fifth of Germany, for the first public enactment prescribing it as necessary, and thereby recognizing its utility and importance. In the celebrated criminal code which was framed by him at Ratisbon, in 1532, and which is known by the name of the *Constitutio Criminalis Carolina*, or the Caroline code, it is ordained, that the opinion of medical men shall be formally taken in every case where death has been occasioned by violent means—such as child-murder, poisoning, wounds, hanging, drowning, the procuring of abortion, and the like.

"The publication of such a code very naturally awakened the attention of the medical profession, and summoned numerous writers from its ranks." It was the first regular commencement and origin of legal medicine, and it required only such an enactment to apprehend the utility of which it was susceptible.

The kings of France soon became aware of the value of similar institutions. In 1556, Henry II. promulgated a law, by virtue of which death was inflicted on the female who should conceal her pregnancy, and destroy her offspring. In 1606, Henry IV. presented letters-patent to his first physician, by which he conferred on him the privilege of nominating two surgeons in every city and important town, whose duty it should exclusively be to examine all wounded or murdered persons, and to make reports thereon; and, in 1667, Louis XIV. formally declared, that no report should be valid unless it had received the sanction of at least one of these surgeons. At a subsequent period (1692) physicians were by law associated with surgeons in these examinations."

Among the earliest English writers who have contributed to the advancement of this department of medical literature, appears Dr. W. Hunter,† and to him succeeded Farr, Bartley, Male, Gordon Smith, and lastly Paris and Fonblanque. Dr. Duncan, jun. has also done much towards the diffusion and illustration of this and other branches of medical science.

Feigned Diseases.—Our author has given us a very complete list of diseases, which have occasionally been simulated for the purposes of deception or fraud, and the various arts employed to detect the impositions.

"The following diseases have, at various times, been feigned: alteration of the pulse; altered state of the urine; hæmaturia; incontinence of urine; suppression of urine; maiming and deformity; dropsy and tumours of various kinds; excretion of calculi and various foreign matters; ulcers; hæmoptysis; hæmatemesis; jaundice and cachexia; fever; pain in various parts; syncope and hysteria; diseases of the heart; apoplexy; paralysis; epilepsy; convulsions; catalepsy; nostalgia; near-sightedness; ophthalmia; blindness and deafness, with or without dumbness."

† Essay on the uncertainty of the signs of murder in the case of Bastard Children.

Under the heads of artificial dropsy and other tumours, our author says—

"Sauvages, in his Nosology, makes mention of a mendicant who gave to his child all the appearances of *hydrocephalus*, by opening the integuments of the head near the vertex, and then introducing air between them and the muscles. This infamous fraud was discovered by removing the patch which covered the hole and prevented the air from passing out. A mountebank at Brest produced similar inflations, together with the appearance of the most hideous deformity, in a child, by means of the introduction of air, and the application of ligatures on various parts of the body: * and not long since a female, in France, by the same mode, caused an *emphysema* of the abdominal parietes, so as to resemble dropsy.† Tumours of this nature are readily produced, since the cellular texture is spread over the whole surface of the body, and air may be introduced through the smallest possible aperture. We must however recollect, that dropsy, hydrocephalus, and emphysema, are marked by stronger and more conclusive symptoms, than the mere existence of tumour. The sac in *hernia* has been ingeniously imitated with the bladder of an ox, and a *prolapsed rectum* and *uterus*, by means of a portion of the intestine of the same animal, in which a sponge filled with a mixture of blood and milk was placed. It was fixed into the vagina and rectum in such a manner, that one of its extremities was left hanging out."‡

There is one species of deception, however, which both the author and his English editor appear to have overlooked, viz. distension of the scrotum with air, so as to simulate hydrocele, by which many recruits during the late war obtained their discharge.

* Foderè, vol. ii. p. 485. He quotes the Bulletin of Medical Sciences of the Société d'Emulation for this case.

† Foderè, vol. ii. p. 485.

‡ Mahon, i. 357.

Infanticide.—Towards the conclusion of a very laboured and erudite chapter on this subject, the author, speaking of the method of conducting anatomical examinations in such cases, says—

"In every case of infanticide, so much depends upon the testimony furnished by the physician, that it becomes a sacred duty on his part to investigate, with the utmost fidelity and impartiality, every circumstance which may aid him in coming to a satisfactory and enlightened decision. The labour of such investigation is doubtless great and unpleasant; but unless submitted to by the professional witness, he certainly cannot be considered as qualified to give his evidence in a case which involves the life of a fellow-being.

External appearances of the Child.—These should first be minutely examined and recorded. The most important of them are the following:

1. The general shape and conformation of the child—whether it be natural or otherwise.

2. Its size.

3. Its weight.

4. All appearances of external violence.

5. Every indication of putrefaction—ascertaining, as far as possible, the extent to which it has proceeded.

6. Its colour.—It has been proved, by the observations of anatomists, that the fœtus in utero undergoes a succession of changes with regard to its colour. In the earlier months of pregnancy, the fœtus is pale-coloured. Afterwards, as the circulating system is developed, the skin assumes a bright red appearance, which is lost again as the fœtus approaches to maturity. If, therefore, the skin be found of a red colour, it is a proof that the fœtus, when born, had not reached the full period. It should not be forgotten, however, that an immature fœtus may have lost its natural redness from hæmorrhage, and also that a mature fœtus may become livid, in consequence of a difficult birth.

Dissection of the Child.—Having completed the external inspection of the child, it becomes necessary, in the next place, to make a careful and minute investigation of its internal condition. For this purpose it will be found most convenient to commence the dissection with the mouth, and the cavities leading to the chest. An incision should first be made from the under-lip to the top of the sternum, and another along the lower edge of the inferior maxillary bone; after which, the integuments are to be dissected back. The lower jaw is then to be divided at its symphisis, and the two portions separated. By bending the head back, we shall now be able to obtain a complete view of the cavity of the mouth. The position of the tongue should now be examined. If any foreign matters are found in the mouth, they should be especially observed and noted. In short, every unnatural appearance, whether morbid or artificial, should be carefully investigated and recorded.

The larynx and trachea must next be laid open. If any fluid is found, it should be recorded.

So much of the œsophagus as can be seen is also to be examined.

The abdomen is next to be examined. The first incision is to be continued down to the lower part of the sternum, and from this point an incision is made through the integuments to the spine of the ilium on each side. The triangular flap thus made, is then to be turned down, and the umbilical vessels examined and tied. The diaphragm is to be observed whether it be much arched towards the thorax, or otherwise. The viscera of the abdomen are next to be inspected, and every thing peculiar in their appearance or condition to be noticed. The ductus venosus should be examined, whether it be pervious, and contains any blood. After tying the vessels leading to the liver, it should be taken out and weighed. The whole of the intestinal canal, with the stomach, should be taken out, after having tied the two ends. The contents of the stomach to be critically investigated. If there is any suspicion of poison, the ordinary tests for ascertaining it should be resorted to. The state of the gall bladder and urinary bladder should be inquired into, whether they be empty or not. Lastly, it should be seen whether there be any meconium in the intestinal canal.

In opening the thorax, the ribs and sternum must be divided in the ordinary manner; and, in doing this, a pair of scissors will be found a much more safe and convenient instrument than a scalpel. Having exposed the thorax to view, the general appearance, position, and colour of the lungs are to be remarked.

The trachea is now to be divided as near as possible to the lungs. The aorta and vena cava are to be tied and cut. The lungs should then be taken out and weighed, and after this subjected to the experiments already detailed. The heart is next to be examined, and it should be particularly noted whether the auricles and ventricles are filled with blood—whether the ductus arteriosus contains blood—and lastly, whether the foramen ovale be still open. As the death of an infant may not unfrequently be caused by injury inflicted on the spine, it becomes necessary to examine this part also. A longitudinal incision should be made from the occiput to the sacrum—the muscles to be separated and turned back. By means of strong scissors, the vertebræ are then to be divided on each side. The posterior part of the spine thus separated, may easily be removed, and the whole canal exposed for examination.

In opening the head, an incision should be made from the lower part of the frontal bone down to the second or third cervical vertebra, and another at right angles to this from ear to ear. By dissecting back the integuments thus divided, the cranium will be completely exposed. The cranium should now be carefully examined, to see if there be any fractures, punctures, wounds, &c. The bones are next to be removed, and the most convenient method of doing this will be to separate them by a scissors along their membranous connection with each other. Great care should be taken not to occasion any laceration during the dissection.

The substance of the brain must be carefully investigated, and every deviation from the natural and healthy state observed. Although this examination of the brain can throw no light upon the question whether a child has been born alive, yet it may aid us materially in detecting the cause of its death.

Having completed the dissection, the inferences to be drawn from the information thus obtained, must be obvious. They have been so fully explained in the former part of this chapter as to render unnecessary any recapitulation."

Mental alienation.—The following method of discriminating between feigned and real insanity is new to us, and no doubt also to many of our readers.

"The best mode that has yet been discovered for forcing a man who feigns madness to confess and desist, is by the use of the whirling chair, that is, a chair placed upon a spindle which revolves upon its own axis, and is turned by a wheel and crank, with the rapidity of the fly of a jack; it produces nausea even to syncope, and after two minutes of such discipline, few men can command spirits sufficient to act any part. It was by this means that M'Dougal, of Glasgow, was rendered sane when he feigned madness, to avoid being tried for sinking ships, to defraud the underwriters—but he betrayed himself to the medical men by the common fault of impostors, not having 'a method in his madness,' but mixing up the two irreconcilable characters of

'The moping idiot, and the madman gay.'"

Persons found dead.—In this chapter the author has brought together most of the opinions that have been advanced on the subject, and much of the contradictory testimony likely to arise in questions of this nature. Respecting the necessity of a *general* examination of the body of a person found dead, a curious opinion of a northern professor is quoted by the Editor.

"'When,' said he, in his lectures, 'you find any appearance sufficient to account for death, rest satisfied with that, and inquire no further; as further examination will only tend to embarrass your evidence, and render it contradictory.' We have all heard of a worthy country justice, who made it a rule never to hear both sides of a question, because, when he only heard one, he could decide without hesitation; but hearing both only puzzled him.

In other words, do not proceed too far, or your testimony may be less positive when called upon to give your opinion in a court of justice—which puts us in mind of an oration delivered last year by Dr. Gordon Smith, at a medical society, in which, among other matters, he proposed, that "in order to avoid any *appearance* of ignorance in a court of justice, a consultation of the medical witnesses should be previously obtained for the purpose of deciding on the nature of the evidence to be given," which is, in other words, for the purpose of deciding whether an unfortunate prisoner should have a fair trial or not, or whether he should be convicted of the crime charged to him, if innocent, or altogether elude justice if guilty—and this for the purpose of "avoiding the *appearance* of ignorance in a court of justice."

Into five chapters devoted to the consideration of the various poisons, animal, vegetable, and mineral, our author has compressed most of the valuable knowledge of these subjects which we at present possess. In his chapters on mineral poisons he is particularly elaborate, and has introduced a very correct list of the tests usually

employed, and tables of the various changes produced by chemical admixture. The effects of poisonous matter on animals, the antidotes to be administered, and the morbid appearances to be found after death, are also examined and detailed with great care, industry, and fidelity. Had Dr. Beck written nothing more than the chapters on poisons his work would still have been a valuable addition to medical literature.

To conclude, for by no analysis that we can give of Dr. Beck's performance can our readers appreciate its proper merit and value. The present work is remarkable for the extent of research it displays, the minuteness of detail, and the luminous arrangement of facts and observations which are to be found in every page. It reflects the highest honour on its author, and on the medical character of our transatlantic brethren,* to whom we must concede, with Dr. Gordon Smith, "that the American schools have outstripped us in attention to forensic medicine." The work before us possesses decidedly sterling merit, and ought to find its way into the library of every medical practitioner in the kingdom. The notes of the editor are frequently curious and valuable, and the whole production is, in our opinion, decidedly superior to any other that has yet appeared on the subject of medical jurisprudence.

* Dr. Beck is professor of the institutes of medicine, &c. in the college of the western district of the State of New York

A Compendium of Theoretical and Practical Medicine, &c. By DAVID UWINS, M. D. &c. 12mo. pp. 380. London, 1825. Longman.

WE may at length flatter ourselves that a new and happier æra in the Medical Science has dawned upon us, and that, by the aid of Messrs. Copland, Uwins, and Co., a remarkable approach will speedily be made towards excellence and perfection.—Soon will these *bright luminaries* of the profession dispel the gloomy mists of error which have for ages surrounded us.—Soon, by these *mighty agencies*, shall the difficulties which have hitherto obstructed the paths of knowledge be removed, and a sort of royal rail-road to the *ne plus ultra* of medical erudition be imperishably constructed. Nor are these, our prophetic annunciations, the capricious vagaries of crack-brained enthusiasts. For who does not perceive, that the recently established "Society of Physicians" is capable of effecting a radical change in the doctrines and practices of medical men. Is it not also certain, that imperishable honours will be the reward of the victories of such vigorous and intelligent reformers of abuses, who, like hardy pioneers, have undertaken to clear the way for the more facile march of the future practitioner. What have this society not deserved from their medical brethren—what laurels have they not already gathered in the field of this glorious enterprize? Have they not accurately defined the boundaries—have they not raised the barriers which must eternally separate Surgery and Physic—and have they not gratuitously, and

with infinite labour and industry, constructed a chart on which the various degrees of latitude and longitude, medical and surgical, are mathematically discriminated — Quid sit pulchrum, quid turpe? Which is their theme by day and night—the constant "burthen of their song"—the universal inclination of their multifarious hallucinations, which concentrates and embodies the pantomimic display of their charlatanical knight-errantry. For hear Dr. Uwins, et ex illo disce omnes:

"All that appears to me still wanting to complete *that reform which has so happily begun* is, that the class of practitioners now referred to, should be remunerated for their important services, not as tradesmen, but as legitimate members of a liberal profession; that the higher honours of medicine, and even of surgery, should be made of far more difficult attainment, than is at present the case; and that the distinction should be more decidedly and practically observed between physic and surgery. For perfection in the former, the requisite qualities and qualifications are, if not of a higher, certainly of a different kind. To medicine belong philosophical acumen, a promptness of drawing correct inferences, from occasionally doubtful premises, a large grasp of mind, and comprehensive attainment. Surgery requires cleverness, and tact, and mechanical dexterity, and minute anatomical knowledge. I will not say of our friends, the surgeons, when they meddle with medicine, what was once said of the city orators in the British senate, that "they make sad work of it;" but I will say, that important as anatomical knowledge, natural and morbid, is to us all, something more is required than a familiarity with "the blood and filth of the dissecting-room," to form the mind, and regulate the habits, and give character to the decisions of the qualified and real physician." *

We shall not at present enter into any extended review of the passage above cited, as we intend shortly to devote a few pages of our journal to the consideration of the worthies composing this *excellent* Society, when the "important services" which these illustrious partitioners of "the higher honours of medicine" have rendered to the profession shall be estimated, and the post of honour, so "difficult of attainment"—that insulated station upon which, by their overwhelming genius, they would fain sit enthroned, shall be critically examined. We shall then see by what means these potent monarchs of ideal nothingness—these "Tritons of Minnows"—this decemviri Scotorum inter se regnantes, can justify their misdeeds or extenuate their insolence to the profession and the public.

It will be understood, however, that the doctor tells us in his Preface, that—"To medicine belong philosophical acumen, a promptness of drawing correct inferences from occasionally doubtful premises, a large grasp of mind, and comprehensive attainment," &c.; and, we may presume, he considers the production before us as an excellent embodyment of all these rare qualities—a sort of practical illustration of the imperishable fabric

* I am aware that the charge above made on surgery only partially applies; and even where it does so, it is against the principles rather than the persons that I would direct my strictures; almost, perhaps, before the ink is dry with which I pen the present page, I may shake hands in cordial friendship with one or more eminent surgeons, whom I would and do refuse to meet in sick rooms, although *they* would readily obey the call to *medical* consultation.

which his "large grasp of mind and comprehensive attainments" are capable of constructing, which we must now hasten to inspect, premising only, that his philippic against surgery and surgeons will be considered at another opportunity, in conjunction with the general conduct of the "caste" to which the author belongs.

The work before us is divided into three parts:—

1. General Physiology and Pathology.
2. Diseases individually considered.
3. Miscellaneous.

In the first part, the author has brought together some few facts, and reasonings, and speculations, and doctrines from various authors, but has not, in our opinion, contributed in the least degree to enlarge our acquaintance with physiology or pathology.

In the second part, he has embodied the whole of Cullen's Nosology, with the exception of the notes and references, and the famous "Catalogus morborum a nobis omissorum quos omississe fortassis non oportebat."* Under this division of his work, he has also favoured us with a translation of Cullen's definitions, and handles the symptoms, prognosis, and treatment of the diseases of that author's system, much after the manner of Hooper and Thomas, not forgetting to interlard his pages with a copious selection of prescriptions, &c.

3. Miscellaneous. On this point the author treats briefly of three or four diseases, in which Cullen's system may be deficient—vermes, calculous affections, cutaneous disorders, angina pectoris, neuralgia facialis* (tic douloureux.) To which is appended, an essay on the present state of Medicine in Britain, which concludes the volume.

Of the Essays forming the first part of the author's performance, those on Contagion and the spontaneous origin of fever are probably the most competent. The doctor, as it would appear, is himself neither a *contagionist* nor an *anti-contagionist*, but a sort of neutral or middle man, being attracted by one party with exactly the same force that he is repelled by the other. So that at the point where attraction ceases and repulsion begins, you will assuredly find our author. Nevertheless, it may be fairly conceded, that the doctor is "less at fault," as he says, in this than in almost any other of his Essays.

Spontaneous origin of Fever:

"Here it is that much of what is obscure mixes itself with our researches and reasonings, as to the origin and decline of distempers. Let the plague, for example, break out and rage along the shores of the Mediterranean, and let it cease and recur periodically; we are, in this case, disposed to ascribe the circumstance to a something in the atmosphere, although that something is not susceptible of detection by any means of analysis with which we are acquainted; but when small-pox rises, proceeds, and dies away as an epidemic disease, it is thought the seeds of the distemper have not been thoroughly eradicated from the district, and only awaited a fomenting power to bring them into act and effect.

In both cases, however, we rather

* A catalogue of diseases omitted in our nosology, but which probably ought not to have been omitted.—Vide Cullen.

* Good.

presume than demonstrate; since the precise mode of evolution, spread, and disappearance are, in either, equally hidden from our cognizance.

This deficiency in demonstrative evidence has given occasion to disputes about the origin of fever generally; some averring that all analogy favours the inference, that no febrile ailment of communicable powers can be brought into being without a specific virus having been first applied: or, in other words, that atmospherical impurities, variations in temperature, mental agitations, stomach derangements, and so forth, never can do more than predispose an individual to be more easily acted on by contagion. And in the present state of our knowledge, this dispute, like that on spontaneous or equivocal generation, must make its appeal for decision to opinion merely; to my conception, however, it appears next to certain, that common causes of derangement may, under particular circumstances of predisposition, come to engender a positively contagious fever. We may, perhaps, go further, and say, that some of the most peculiar or specific of the contagious distempers are susceptible of production from ordinary sources; and that they may acquire or lose their specific shape and aspect by incidental circumstances. I have already, more indeed than once, cited the following as an apt illustration of the principle and fact now assumed: "A man of the horse artillery was admitted into the hospital with suspicious fever; next day another. This excited inquiry. It was found that they came from two different barrack-rooms. These were followed by other men, in all amounting to eight; three of whom came from a separate room, the rest from the same room. The rooms were visited by the commanding officer. All the rooms whence the infected came were found to have different beddings from the rest of the barracks. The horse artillery being a corps in constant readiness for service, and whose appointments were always complete, had, for the convenience of carriage, hammock-bedding. The hammocks were rolled up tight every morning the moment the men rose, and they were unloosed when they went into them again at night. At this time we had so much and such constant rain, that this bedding had not been opened or aired for a single day for at least two months. The hammocks, with their bedding, were examined, and the moment they were opened a very peculiar nauseating smell was perceptible. Immediate steps were taken, and no further mischief ensued. Thus an infectious fever evidently arose (the narrator means a fever capable of being communicated) from the confinement of the effluvia of a man's own person." Here then a difficulty presents itself to the contagionist of a most formidable nature, and which indeed seems well nigh insurmountable; unless he should say that the seminium of the fever was floating about in the atmosphere, and the process alluded to, by confining and concentrating, gave it at the same time activity and effect: but surely the most natural, or least forced inference is, that the confined matter became the actual cause of the complaints; it would seem further probable that the communicated disease would assume different types and characters, according to the varied circumstances of the recipients; and we may, perhaps, carry this last supposition to the extent of conceiving that all the varieties which fever assumes are much more referrible to these circumstances, than to any abstract or specific difference in their exciting cause: a principle which, if recognizable as true, might have saved volumes of controversy on the contagious or non-contagious nature of yellow fever. Whoever heard of this fever in the north of Europe? and why does it not make its appearance in this part of the world? Not because it is incommunicable, for it is communicable; but because northern climes refuse to foster it. If we could suppose an individual transported with balloon-rapidity from the West Indies to the British islands, yellow fever being still upon him, he would either drop it altogether, as the slave does his bonds, or die of its violence, or have it converted into one of our own epidemics. With respect to plague, there is somewhat more difficulty about the explanation of its localities, since we know that this distemper has visited, and that too with most tremendous

virulence, the land we live in; and although our comparatively great attention to cleanliness as a preventive may account, in a great part, for the recent immunity, it is to be feared, it does not *in toto;* it must, however, be allowed by the most strict advocate for conveyed contagion, that the accounts we possess of the prevalence of plague in England, admit, at the same time, that the atmosphere of the parts in which it prevailed was vitiated by noxious impregnations. Flocks of birds occasionally were seized with death, as they were flying through the air. Beasts were affected while grazing on the land; and vegetation, by its sickliness, proclaimed the prevalence of an atmospheric poison. If such was not the case at Malta, and in other districts that have been more recently visited by the plague, let these be taken as facts on the opposite side of the question; for I am not now reasoning as a systematic, but as one anxious for the establishment of truth. Upon the whole, however, I am of opinion, that dividers and sub-dividers of diseases have greatly erred in principle by giving an abstract essence to every modification of fever; and that diseases are often radically identical, while in their ramifications and incidents they seem different; that the disputes between the contagionists and anti-contagionists have been founded too much upon a *petitio principii*, and that the modifying influence of time, place, and circumstance is almost without limit. I am often asked whether this or that fever is a typhus or not, or whether it be or be not contagious, and I have sometimes surprized the inquirer by telling him that his question, in my mind, implies an ignorance respecting the laws which govern these things. A fever may be a synocha to-day, a synochus to-morrow, and a typhus on the third: provided the external circumstances, or interior conditions of the patient, tend to this variation in type: it may be contagious one hour, and not contagious the next, or from first to last it may be a typhoid, communicable, malignant distemper, and all this while the febrile excitant is the same.

But why, it may be said, does plague, does yellow fever, does typhus, visit certain places and districts at certain times? and why does one particular district, which may be in the same latitude and seeming circumstance with another, prove, more than another, obnoxious to a particular form of fever? On this head, we have nothing to assist us beyond the mere facts of the case, and no examination of the air throws any light upon what are called epidemic atmospheres. Indeed, on all these points, there is much to learn, much to unlearn, and much probably that will be for ever hidden.

There is in all fevers a tendency to periodical accession and decline, but in some cases this is so complete and so marked, that the patient is left during the intervals in total exemption from the disorder: hence the term intermittent. In other instances, though the malady gives way in part, it does not wholly: fevers of this last kind are, therefore, termed remittent. Now, the intermittent shapes of fever have been observed much more frequently in marshy situations, or where shallow stagnant waters abound; and they have, on this account, been usually attributed to a poisonous exhalation or miasm arising from the decomposed materials of a soil thus circumstanced. Others have argued, that there is no necessity for interposing the notion, even here, of a specific poison; since the cold and dampness of the country are quite sufficient to account for the effect. When, however, we find that, in some situations not marshy, but otherwise unhealthy, intermittents do not, or but seldom, appear; when we see that the draining of lands from shallow stagnant waters has considerably lessened the frequency of these fevers, and when we recollect that the neighbourhood of deep waters, though equally cold, is not so insalubrious as that of a marshy vicinity, it appears to be carrying a disposition to generalise too far, to question the specific agency of marsh miasmata. But the influence of this may be much modified by other agents, and in cases where we have very high variations and sudden vicissitudes of temperature, from the sultry day to the damp foggy night, and where, at the same time, the land is low and marshy,

there we meet with modifications of yellow and intermittent fever under the shapes and denominations of bilious remittent. Again, let these circumstances of soil and temperature operate in conjunction with animal decomposition, and the resulting disorder assumes more of what has been called a putrid type; still retaining some of the features either of remission, intermission, or yellow hue, that have been imparted to it by its other excitants besides that of the main and master one. Whether, then, we shall name all these fevers differently, as they thus assume various shades and modifications, becomes, in some measure, a dispute about words, only, that it is important to recollect that these varieties are rather local, endemic, and incidental, than inherent, abstract, and essential."

Of the truth of the doctrine that the plague, and other fevers, will not spread from infection in an atmosphere not proper for them, abundance of evidence might be adduced:—

"A disease of mere infection can never extinguish other diseases of the *place*. The small pox, brought into a town by variolous matter and communicated to any proportion of the people, would not absorb a dysentery or scarlatina prevailing in the same place. Every hospital will demonstrate this principle. A disease occasioned solely by infection would not affect another disease, even in the next house. Every disease that extinguishes other diseases current in a town, is an epidemic originating in that town. It not only proves that the atmosphere will produce that distemper, but it proves that it will produce no other."—Webster * I. 509.

This author is a strong advocate for the *progressiveness* of all febrile diseases, alleging that they "grow with their growth," and increase in malignancy in proportion to their duration, and the local or constitutional causes favouring their developement; and Dr. Uwins appears to have made considerable use of his performance in compiling the present article.—Hodges, who wrote a treatise on the great plague in London in 1665, observes, that the air suffers some essential alteration, which is necessary to favour the propagation of pestilence; and this the author also admits, and goes on to say,—"A fever may be a synocha to day, a synochus to morrow, and a typhus on the third," and the plague on the fourth or fifth, would he not add? And are not these examples a sufficient proof of the ideas of *progressiveness* and identity, which the author has imbibed? And again, "diseases are often radically *identical*, while in their ramifications and incidents they seem *different*;" and "the *modifying influence* of time, place, and circumstance is almost without limit." So, at page 42, "the *specific* quality of variola itself is but different in degree (it is allowedly greatly different in this respect) from the mere *infection of plague*." And again, page 41, speaking of vaccination, "*innoculating*, we say, for it would seem that even the genuine *vaccine virus* is but a *modification of small pox*, disarmed greatly of its noxious powers by its having become the disease of a brute animal." But if this were so, is it not probable that the vaccine lymph, after a considerable progression thro' the systems of mankind, may again degenerate into, or assume the malignancy of the original variola; or, if we admit, with the doctor, the identity of origin, may it not, in process of time, become a true pestis or

* History of Epidemic and Pestilential Diseases; London, 1800. Two vols. 8vo.

plague? But we think the author is wrong, both in his principles and the reasonings founded upon them; nor can it be conceded, that diseases alter their types with that rapidity which he has asserted they do. Synocha, for instance, may, by over depletion, be rendered synochus, and this latter again may degenerate into typhus, but not with that celerity which he imagines. Suppose a patient, prior to the first accession of a febrile paroxysm, has enjoyed a tolerable state of health, breathed a moderately pure atmosphere, and been competently supplied with the necessaries of life, and the fever to be a synocha, and that it should be properly treated, what instance is there of its ever degenerating into gravoid typhus in less than eight or nine days from the first attack? If, on the other hand, he have lived in ill-ventilated and crowded apartments, and with an indifferent supply of the necessaries of life, the fever will be a synochus, which, under these circumstances, may and will certainly and speedily assume the typhoid form, unless the removal of the patient be effected, and proper means to arrest the ingression of the malignant form of the disease be exerted; and yet the doctor tells us, that in all these cases the *febrile excitement is the same*; but he surely does not mean to assert that its *energy* or *effect*, is the same, which would be arguing against his own proposition, viz. the *progressiveness* of disease, although it would certainly tend to give weight to his opinions on its identity of origin. And again, still speaking of fever, "it may be contagious *one hour* and not contagious the *next*;" but here again the rapid volition of the doctor's ideas impelled him to set down a proposition upon which he could not have reflected; for, in good truth, no such electrical movements, or airy flights, in any way appertain to febrile diseases.

At page 22, occurs the following *sage* proposition or axiom:—"Heat from motion, and cold from quiescence, are laws of inorganic matter," in which the doctor is as much mistaken as ever.

Again, page 51, speaking of hæmorrhage:—

"It is proper, however, to take into account, that an extravasation of blood, by the hæmorrhagic effort, does not necessarily imply an actual rupture of vessels, since the *impetus* may be so great as to force blood through the terminal capillaries which open upon internal surfaces, and thus a very considerable profusion produced, while the vascular tunics retain their integrity; and in this case *inflammation and hæmorrhage are not only analogous, but are actually the same thing*."

Which is so absurd, that we will wager the doctor a hundred pounds that he does not produce a single isolated fact in support of his assertion, which is completely at variance with the appearances exhibited in the post-mortem examinations of persons dying of membranous hæmorrhages.

Part 2d, nosology and practice, in which the doctor has not, as far as we can judge, done more than copy his predecessors and cotemporaries. The first part of the production is drawn principally from Good's Study of Medicine, and the second made up chiefly from the works of Cullen, Hooper, Clarke, Thomas and Temple

The doctor, however, has favoured us with a new translation of Cullen's Nosology, which is a *remarkably elegant* and *correct* performance: take, for example, the following—Intermittents* :—

"Fevers produced by the *poison* of marshes consisting of many paroxysms, the pyrexia for a time leaving the patient, or at least remission of the fever being decided, and the return of the paroxysm being usually preceded by rigors. Only one paroxysm during the day;"

Which is any thing but a *translation* of Cullen's definition at the foot of the page; but setting aside its general faulty construction and inelegance, what shall we say to the doctor's version of the term miasma (ex *μιαινω*, polluo inficio) which he has foolishly rendered *poison*, thereby misleading all those who may look into his book with the idea of obtaining information. Suppose, for instance, that a young person, just engaged in the study of physic, were to turn to the doctor's book, where he would find it stated that intermittents were generated by the poison of marshes, would he not be strangely puzzled to discover the specific nature of the poison alluded to by the author? and would he not be sadly perplexed to discover by what means persons who reside at a distance from marshes should be so *poisoned*, or have agues? But had the doctor left the word as he found it, or translated it "exhalations" the student would then have naturally inquired what these exhalations of marsh miasmata were, and the same difficulty would not arise. And again, page 148—Continued fevers "not produced by *the poison* from marshes,"—how are we to know what poisons from marshes the doctor means; whether ratsbane or hemlock, or this, or that, or another?

The author, however, is an extremely ingenious man, and sometimes talks metaphorically—page 151, one of his indications in the cure of fever is, "to *unloose* the *locked* up secretions." He has also invented several absurd terms, which he frequently uses to the absence of all meaning; page 53, "the actions of the system are, in respect to *tonicity* below," &c.—and his favourite phrase "at fault," perpetually occurs. Page 280, speaking of palpitation, he says, "it is a disorder which only admits of palliative remedies," and does not appear to be aware that it ever exists in the absence of organic disease of the heart. In acute rheumatism, in conjunction with Dr. Williams, the author recommends the spiritus colchici ammoniatus of the London Pharmacopœia, in doses of a drachm or two, but we think the remedy more likely to succeed in chronic diseases; it is certainly far too stimulating to be given in the acute stage of the complaint. In hæmatemesis, he recommends the old remedies, alum, tr. ferri muriatis, tr. catechu, &c. and says, he has been told that *Dutch drops* are of service in this disease. In a short chapter on syphilis, which the author hands over to the surgeon, he has adopted the idea of Dr. Good respecting the abatement in its malignancy, and says, "it is probably much modified in the present day from its former malignity, and thus more susceptible than formerly of a radical cure." Of carditis the author speaks very briefly, and does not appear to have ever seen a case. Hydrophobia too is very laconically dismissed.

* Intermittentes.—Febres (plerumque) miasmate paludum ortæ, paroxysmis pluribus, apyrexia, saltem remissione evidente interposita cum exacerbatione notabili, et plerumque cum horrore redeuntibus; constantes; paroxysmo quovis die unico tantum.—Cullen.

In the other chapters we do not observe much novel matter, and the whole performance is, in our opinion, far surpassed by the volumes of Clarke, Thomas, and Hooper. The work is addressed to the author's pupils, to whom the second part may be somewhat useful as a text book, as also to apprentices in the country, but the former part of the volume can be of service to no one. Notwithstanding which, it will probably be highly lauded in the next number of the Medical Repository.—Penes auctorem hujus libelli.

JOE BURNS.

Ecce iterum Crispinus; et est mihi sæpe vocandus
Ad partes; monstrum nullâ virtute redemptum
A vitiis. *Juvenal.* Sat. 4ta.

Had Mr. Joe Burns pleaded his cause against the critics in the same manner as other authors are wont, or had his colleagues, instead of throwing before him the ægis of their own merits, thought proper to excuse his aberrations from rectitude, by an appeal to his senility, we should have been very reluctant (provided the interests of the Institution were not to be compromised) to have pressed for his summary conviction. In their conduct, however, we have another melancholy exhibition of the injudicious forwardness of *pretended friends*—we say pretended friends, because we have some reason for thinking that one of them at least has but assumed the vizor of friendship, the mask of fellowship, and brotherly feeling, for his own sinister purposes—present or to come—and if there be any one character more detestable in the eyes of men, more universally reprobated than another—that cold-blooded hypocrite, who first contributes to render an unfortunate individual ridiculous, and then pretends to commiserate his fate, is the fiend of all others that has merited the deepest of all human execrations—the most penal of all sublunary punishments for moral delinquencies. The colleagues of Mr. Joe Burns have thrown down the gauntlet—have challenged us in the face of open day—in the place where governors most do congregate," have they defied us—Bella horrida, bella minantur. The war-whoop is raised, and the tomahawk* brandished aloft. Our lines of circumvallation, we may tell them, have been perfected for months—our engines of fearful magnitude are already unmasked—our mines waiting only to be sprung, and our hearts steeled for the action—listen then, ye infatuated defenders of this sexagenary prodigy—Would ye bury yourselves in the ruins of a citadel, which already totters before us? Would ye, for the protection of a mischievous makebate, protract the misery of suffering thousands? Would ye have the fair inclosure, in which Christian charity delights to rove, despoiled for one man's lucre? or should the edifice in which she has so often deposited her heavenly offerings be consecrated to the demon of discord, for the purpose only of exhibiting an expiring and lightless taper? Almighty powers forbid!!! No sooner have the "pinching blasts of poverty," † which, like the desolating tornado, had almost annihilated your energies, and your vitality been hushed. No sooner has the sun of plenty, with invigorating rays, attained a conspicuous altitude in your horizon, and enlivened the scene, than climacteric mal-practice opens a way for the inroad of the most direful of all pestilential visitations—the exterminating demon of civil war. Because some two or three persons may have a pecuniary interest in an institution, or a state, are the reins of government to be confided to them? Are they to take upon themselves the direction of the affairs of kind-hearted beneficence? Are they, because they are made tenants at will or for life, to ride over the manors and despoil the fair edifices of their munificent patrons? Shall these men, who are paid directly or indirectly for what they may perform or what all of them may not perform, be the arbiters of public rights and public opinion? Are they to deny to all the possession of the faculty of vision, whose optics do not reflect images in the same partial

* This is an error of the transcriber, it should be "scalping instruments."

† Well remembered by many—Auctore uno.

manner as theirs? Are they to withhold from all the possession of reason, whose ideas do not prompt them to follow the same alchymical process which they employ, or to every man who does not cultivate that art with the same ardour and duration with themselves? They may!! But they shall have obstacles to combat, which they dream not of—they shall have ALPS to cross, which shall weary their days and render sleepless their nights; an invisible spectre shall haunt them in all their paths, to transmit to posterity their brilliant misdeeds, which shall be rendered immortal in the pages of infamy—imperishable in the annals of crime.

"Oh, Corydon, Corydon, secretum divitis ullum
Esse putas? Servi ut taceant, jumenta loquentur,
Et canis, et postes, et marmora; claude fenestras
——— jungite ostia," &c.
Juvenal, Sat. IX. v. 102.

Does "the Junior Surgeon" suppose that any of his actions are unknown to us? Is he so certain that the juggling system can elude our optics? Or does he think that a suppressed whisper cannot be heard at The Lancet Office? Would his vanity induce him to believe himself perfectly invulnerable? Or that he may display his Scotticisms and falsehoods when and where he pleases? And that all persons calumniated or injured will be satisfied with a verbal or written apology, as some have been?

"Quod vocis pretium? Siccas petasunculus, et vas
Petamidum."

His praises or dispraises are in value only as the minima of infinitely small quantities, and it is ten to one that, if called upon to explain the latter, or give a reason for the former, the answer will be "Oh, man, you know I mean nothing; you must not mind what I say;" which is a very ingenuous concession, and shows that Mr. BELL has attained to a perfect conception of his own character, and of the worthlessness of his expressed opinions; or, rather, it shows the perfection with which he executes the evolutions of the northern waltz, by which he gracefully shuffles himself out of harm's way. In our own vulgar tongue, we believe the same process is called "humbugging," or "backing out," for which art, however, the palm has always been awarded to our Gaelic neighbours.

Our readers will recollect, that on this day three weeks we published the prospectus of a work said to be forthcoming from the pen of Mr. JOE BURNS, the celebrated practitioner of surgery at the Middlesex Hospital, upon whom we thought it necessary to make a few strictures, in which, however, we did not overstep the limits usually allowed to critics. Notwithstanding which, the cudgels were taken up by the "Junior Surgeon," who intimated to his pupils his intention of making the criticism the subject of a lecture on the following Tuesday. Accordingly we proceeded thither, and after waiting about twenty minutes or so, began to fancy that Mr. Bell had again "backed out," and, in short, it soon became evident, that our suspicions were well founded, for presently a messenger arrived "almost forespent with speed," bearing in his hand a billet, which, after he had somewhat recovered his breath, he proceeded to read as follows:

"Gentlemen,

"I trust you will excuse my not meeting you to-night. Circumstances have occurred in the Board Room of the Hospital this morning which render it desirable that I should possess further information before I address you.—I shall communicate the result on Thursday evening.—Yours always,

C. BELL."

Now, for the life of us, we could not imagine how "the circumstances," (as the "Junior Surgeon" terms the conversations) in the Board Room could have interfered with the delivery of the intended lecture.

Well, notwithstanding this, we said nothing, and departed. The tout ensemble of the board room in the morning might, however, have spoiled an appetite for the delicious repast which the Junior Surgeon had anticipated to relish about five o'clock, and therefore, as he could not eat his dinner,* it is

* Upon consideration, we think it is more probable that he dined with his colleagues on this day.

most likely he did not feel disposed to deliver a lecture—especially such a lecture, on an empty stomach. On the "transactions" in the board room we shall be but brief, as the present article may not be generally interesting. The substance, however, of what was said and done, is as follows: Mr. Th———n produced the "wicked Lancet," and said, that "an infamous *libel* had been published on a most *respectable character*, (risum teneatis?) whose *invaluable* services had been extended to the hospital for upwards of twenty years, and he begged to request the sense of the board respecting it." During this part of the performance the sapient Joe made several attempts to prevent the reading of the damning paragraphs, which he said could not hurt him, and ejaculated every instant, "Lies," "Lies," "Infamous Lies," "Infamous publication." The mover of the question, however, who possesses strong talents for *irony*, still persisted in reading, and said it was for the good of the hospital that the board should be made acquainted with the charges against Mr. Joe Burns, in which we were very much disposed to agree with him. Considerable laughter was excited among the members by the ludicrous actions of the "Senior Surgeon," and the ideas which naturally associated themselves with his pretensions to authorship. Mr. R. said the hospital could not interfere. Cartwright, to his eternal disgrace, said, (placing his hand on his breast) that every iota was false. Bell said, that, as far as his senior colleague was concerned, it could not affect his well-established reputation, that the services which he had rendered to the profession were well known to the most eminent members of it. As to Joe Burns, for his part "he knew nothing about it, and had never seen the publication before." *

* The veracity of the Senior Surgeon is here most unequivocally at stake. If "he knew nothing about it, and had never seen the number before," why, on the preceding Saturday, did he direct his dresser (Mr. Tuson) to look into the book for the case of Hardwicke, and report to him the treatment employed, which he accordingly did on the following day (Sunday), when something about "mint-julep" passed between said surgeon and dresser?

Want of space again prevents us from doing justice to the duplicity of Mr. CHARLES BELL, as displayed in his Lecture of the 3d instant, which, with the continuation of this subject, shall be inserted in our next number.

In a few days will be published, by JACKSON, Borough,

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